SUNBURST
COMMUNICATIONS

TEACHER EVALUATION FORM

Please indicate your reactions to the following questions about this Sunburst program. Use the space at the bottom of the page to summarize your overall feelings about the program. The other side of this evaluation may be reproduced and used for student evaluations.

NAME OF SUNBURST PROGRAM

NAME OF SCHOOL

ADDRESS

CITY STATE ZIP

DATE

COMPUTER SYSTEM / MODEL

GRADE LEVEL OF SCHOOL

YOUR NAME

TITLE

PHONE NUMBER

1. Does the material meet its objectives as stated in the teacher's guide?

2. What suggestions would you make for improvement in the teacher's guide?

3. Is this program educationally valuable to you? Why?

4. With which grade level would you use the program?

5. Will this program interest your students enough that they will want to use it more than once?

6. How would you use this program with your students?

Please use this space to describe your overall reaction to the program.

Did you order this product for <u>evaluation</u> or as a <u>purchase</u>? (Circle one.)

STUDENT EVALUATION FORM

1. What is the name of the program that you used? _____

2. Would you like to use this program again? Explain why.

3. Did you understand the instructions?

4. Were the pictures in the program interesting?

5. What did you learn from the program that you didn't know before?

6. What <u>didn't</u> you like about the program?

Fold into thirds, tape closed (do not staple) and mail.

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